PAGE 1 / 13

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	authorized Com	ce Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, er the lines.	type 12FE4M5	
Antonio Delgado for	Congress				1
ADDRESS (number and street)	249 E. Ocean	Blvd., #670			
▼	, 				
Check if different than previously	Long Beach				0802
reported. (ACC)	Long Beach			L CA	
2. FEC IDENTIFICATION	I NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
					STATE ▼ DISTRICT
C C00736579		IS THIS REPORT	NEW (N)	OR AMENDE (A)	ED CA 40
		TIEI OITI	(14)	On (V)	
4. TYPE OF REPORT	(Chaosa One)				
	(Onloose One)	(b) 12-Day PRE	-Election Report	for the:	
(a) Quarterly Reports:			Primary (12P)	General (12	G) Runoff (12R)
X April 15 Quarte	rly Report (Q1)				
July 15 Quarter	rlv Report (Q2)	ш	Convention (120	C) Special (12	S)
			M M /	D D / Y Y Y Y	in the
October 15 Qu	arterly Report (Q3)	Election on			State of
January 31 Yea	ar-End Report (YE)	(c) 30-Day POS	T-Election Repor	t for the:	
		П			0.5 - 5 - 1 (000)
		ш	General (30G)	Runoff (30F	R) Special (30S)
Termination Rep	port (TER)		M M /	D D / Y Y Y Y	in the
		Election on			State of
5 O . D . I	M M / D D /	y y y y 2021		M M / D D /	Y Y Y Y
5. Covering Period	01 01	2021	through	03 31	2021
Loortify that I have a variety	d this Donait and to	the best of my !!	nowlodge and bal	liof it in two names t	oomplete
I certify that I have examined	Crummitt, Ga		iowieage and bel	iei il is liue, correct and	compiete.
Type or Print Name of Treas	surer				
	Crummitt, Gary, , ,			M M 04	/ D D / Y Y Y Y 1 14 2021
Signature of Treasurer			[Electronically File	ad] Date	2021
NOTE: Submission of false, er	roneous, or incomple	te information may	subject the persor	n signing this Report to the	penalties of 52 U.S.C. §30109
Office					
Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Antonio Delgado for Congress

2021 2021 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 225.00 460.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 225.00 460.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 10.35 9086.57 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 10.35 9086.57 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 6030.12 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 43300.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 13

Write or Type Committee Name

Antonio Delgado for Congress

01 01 2021 03 31 2021 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. (CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	150.00	385.00	
	(ii) Unitemized	75.00	75.00	
	(iii) TOTAL of contributions from individuals	225.00	460.00	
	b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
	d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	225.00	460.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3. I	LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	0.00	
(b) All Other Loans	0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
-	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	225.00	460.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	10.35	9086.57
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
10	LOAN REPAYMENTS:		
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
 20.	REFUNDS OF CONTRIBUTIONS TO:		
_0.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	10.35	9086.57
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	5815.47
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	225.00
25.	SUBTOTAL (add Line 23 and Line 24)		6040.47
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	10.35
27.	CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD	6030.12

SCHEDULE A (FEC Form 3)

PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 11a 11b 11c

5 OF 13

for each category of the ITEMIZED RECEIPTS 11d **Detailed Summary Page** 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Antonio Delgado for Congress Full Name (Last, First, Middle Initial) Decordova, Mary, , , Date of Receipt Mailing Address 870 Nantucket Drive 2021 10 City State Zip Code Transaction ID: INCA410 TX 77706 Beaumont FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. Name of Employer Occupation N/A Retired Memo Item Receipt For: 2022 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Decordova, Mary, , , Date of Receipt Mailing Address 870 Nantucket Drive 2021 02 10 City State Zip Code **Transaction ID: INCA414** Beaumont TX 77706 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation N/A Retired Memo Item Receipt For: 2022 Election Cycle-to-Date **✗** Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Decordova, Mary, , , Date of Receipt Mailing Address 870 Nantucket Drive 10 2021 City State Zip Code **Transaction ID: INCA418** TX **Beaumont** 77706 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation Retired Memo Item Receipt For: 2022 Election Cycle-to-Date ✗ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... 150.00 TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) Antonio Delgado for Congress		Transaction ID : PAYC7
LOAN SOURCE Full Name (Last, First, Mi	ddla Initial)	
Delgado, Carlos Antonio, , ,	☐ Memo Item Election: 2020	
Mailing Address 1433 Harvard Street		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Santa Monica	CA	90404
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00		0.00 10000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M02 ^M / D14 ^D / Y Ž020 Y	M M / D D	/ ^Y 12/31/2021
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C This David This Dave (autions)		
SUBTOTALS This Period This Page (optional)		10000.00
TOTALS This Period (last page in this line only	y)	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

13

13b **Transaction ID: PAYC13** NAME OF COMMITTEE (In Full) Antonio Delgado for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Delgado, Carlos Antonio, , , General Mailing Address 1433 Harvard Street Other (specify) City State ZIP Code X Personal Funds of the Candidate CA 90404 Santa Monica Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D25^D M 02M **2020** Y12/31/2021 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 FOR LINE NUMBER: **X** 13a (check only one)

				91	13b
NAME OF COMMITTEE (In Full) Antonio Delgado for Congress			Tra	nsaction ID : PAYC22	_
5					
LOAN SOURCE Full Name (Last, First, Mic Delgado, Carlos Antonio, , ,	ddle Initial)		☐ Memo I	Item Election: 2020 Primary	
A 111 A 11			X General		
Mailing Address 1433 Harvard Street				Other (specify)	
City	State	ZIP Code		X Personal Funds of the	e Candidate
Santa Monica	CA	90404			
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of	This Period
10000.00	9	9	0.00	100	00.00
TERMS Date Incurred	D	ate Due	Interest (If none,		ed:
M03 ^M / D31 ^D / Y Ž02Ŏ Y	M M / D D	/ Y12/3	1/2Ŏ21 ^Y	0.00 % (apr) Y	es No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		7	Amount		
City	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		7	Amount		
City	ZIP Code		Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	I	1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code	(Guaranteed Outstanding:	7 7	
CURTOTAL C This Deviced This Device (authors)	•	1			
SUBTOTALS This Period This Page (optional).				100	00.00
TOTALS This Period (last page in this line only	/) ·····		······		
Carry outstanding balance only to LINE 3. Sch	nedule D for this	s line. If no	Schedule D. carry	forward to appropriate line of	Summary

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

13

Detailed Summary Page 13b **Transaction ID: PAYC107** NAME OF COMMITTEE (In Full) Antonio Delgado for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Delgado, Carlos Antonio, , , General X Mailing Address 1433 Harvard Street Other (specify) City State ZIP Code X Personal Funds of the Candidate CA 90404 Santa Monica Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M 07M **2020** Y12/31/2021 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10
FOR LINE NUMBER: (check only one)

13a

			Detailed Garrinary Fa	gc	13b
NAME OF COMMITTEE (In Full) Antonio Delgado for Congress			Transa	ction ID : PAYC123	
LOAN SOURCE Full Name (Last, First, Mic	Idlo Initial)			Floation: 0000	
•	idle Illitial)			Election: 2020 Primary	
Delgado, Carlos Antonio, , ,				General	
Mailing Address				Other (specify)	
1433 Ĥarvard Street		ı			
City	State	ZIP Code	9		
Santa Monica	CA	90404		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	ment To D	ate Bala	ance Outstanding at Close of T	his Period
2500.00			0.00	250	2.00
3500.00				3500	0.00
TERMS Date Incurred	D	ate Due	Interest Rat (If none, ente		d:
M08M / D12D / Y Ž02Ŏ Y	M M / D D	/ Y12/3	ś1/2ŏ20 [×]	.00 % (apr) Yes	x No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Ivialing Address			Оссираноп		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	y y w	
4. Full Name (Last, First, Middle Initial)	'	1	Name of Employer		
Mailing Address		1	Occupation		
			Amount		
City	ZIP Code	-	Guaranteed Outstanding:	7 7 7	
	'	<u> </u>			
SUBTOTALS This Period This Page (optional)				3500	0.00
				7	
TOTALS This Period (last page in this line only	/)		······	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry for	ward to appropriate line of Su	ımmary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11
FOR LINE NUMBER: (check only one)

13a

			Detailed Carrinary 1	age	13b
NAME OF COMMITTEE (In Full)			Trans	action ID : PAYC132	
Antonio Delgado for Congress					
LOAN SOURCE Full Name (Last, First,	Middle Initial)		☐ Memo Iter	m Election: 2020	
Delgado, Carlos Antonio, , ,			Primary		
Mailian Adalusa				General	
Mailing Address 1433 Harvard Street		Other (specify)			
City	State	ZIP Code	9	Personal Funds of the	Candidate
Santa Monica	CA	90404		T ersonal r unus of the	Carididate
Original Amount of Loan	Cumulative Pa	ayment To D	ate Ba	alance Outstanding at Close of T	Γhis Period
2800.00			0.00	280	0.00
7 7	3	7		1 1	
TERMS Date Incurred		Date Due	Interest Ra (If none, en		d:
^M 08 ^M / ^D 27 ^D / ^Y Ž02ď ^Y	M M / D D	/ Y12/3	ś1/2Ŏ21 ^Y	0.00 % (apr) Yes	s 🗶 No
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	,		Name of Employer		
Mailing Address			Occupation		
Walling Address					
			Amount		_
City State	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State	ZIP Code		Guaranteed		\neg
City	ZIP Code	(Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		_
City State	ZIP Code		Guaranteed		
		(Outstanding:	<i>y</i>	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
C.i.,		(Outstanding:	7	
SUBTOTALS This Period This Page (options	al)			280	0.00
<u> </u>				7	
TOTALS This Period (last page in this line of	only)		······	7	
Communitation disaster below as a selection of the law as	Pakadula B. Court	ia lius 15	Cahadala D	much to accomplete the second	
Carry outstanding balance only to LINE 3,	scneaule D, for thi	is line. It no	o Schedule D, carry fo	rward to appropriate line of S	ummary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12
FOR LINE NUMBER: (check only one)

X 13a

-			Detailed Garrinary 1 as	gc	13b
NAME OF COMMITTEE (In Full) Antonio Delgado for Congress			Transac	ction ID : PAYC310	
LOAN SOURCE Full Name (Last, First, Mic	ddla Initial)			Florier con	
•	idie initial)				
Delgado, Carlos Antonio, , ,				Primary General	
Mailing Address				∃ <u>``</u>	
1433 Harvard Street				Other (specify)	
City	State	ZIP Code	e		
Santa Monica	CA	90404		Personal Funds of the 0	Sandidate
Original Amount of Loan	Cumulative Pay	ment To D	ate Bala	ance Outstanding at Close of T	nis Period
0500.00			0.00	0506	000
9500.00		- 9	0.00	9500	.00
TERMS Date Incurred	D	ate Due	Interest Rate (If none, ente		:
M10M / D21D / Y Ž02Õ Y	M M / D D	/ Y12/3	§1/2Ŏ21 ^Y	00 % (apr) Yes	x No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		<u> </u>	Amount		_
City	ZIP Code		Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(Occupation		
		7	Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Middle Initial)	1	1	Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	y y w	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code	-	Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)			······	9500	.00
TOTALS This Period (last page in this line only	/)			43300	.00
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry for	ward to appropriate line of Su	mmary.

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: PAYC310

LOAN

Form/Schedule: Transaction ID: